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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	y HL



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COVER LETTER

Division of Corporations		
SUBJECT: By Alexa Rae	LLC	
	e of Resulting Florida Limited Com	pany)
The enclosed Articles of Conversion Business Entity" into a "Florida Lim		I fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Please return all correspondence con	cerning this matter to:	
Northwest Registered Agent LLC		
(Contact Persor	1)	
(Firm/Company	<i>i</i>)	
7901 4th St N STE 300		
(Address)		
St. Petersburg, FL 33702		
(City, State and Zip	Code)	
eastern@northwestregistereda	igent.com	
E-mail Address: (to be used for future a	nnual report notifications)	
For further information concerning t	his matter, please call:	
FILINGS TEAM	at (509) 76	58-2249
(Name of Contact Person)	(Area Code) (Dayt	ime Telephone Number)
Enclosed is a check for the following dollars and drawn on a bank located		ed by this office must be payable in US
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □ \$155.00 Filing and Certificate of Status		□\$185.00 Filing Fees. Certified Copy, and Certificate of Status
Mailing Address: New Filing Section		Address:

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following.

"Other Business Entity" into a Florida Limited Liability Company in accordance with s. 63:1045. Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversions:

By Alexa Rae LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Limited Liability Company

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of COIC

(Enter state, or if a non-U.S. entity, the name of the country)

on 03/19/19

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

By Alexa Rae LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____9/20/2022

(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

- 5. The plan of conversion has been approved in accordance with all applicable statutes.
- 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.

Printed Name:

If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion: \$25.00

Fees for Florida Articles of Organization: S

\$125.00

Certified Copy:

\$30.00 (Optional)

Certificate of Status:

\$5.00 (Optional)

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

By Alexa Rae LLC (Must contain the words "Limited Liability)	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
7901 4th St N STE 300	7901 4th St N STE 300
St. Petersburg FL 33702	St. Petersburg FL 33702
7901 4th St N STE 300, St. Petersburg, FL 33702	7901 4th St N STE 300, St. Petersburg, FL 33702
ARTICLE H1 - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individuality another consistence agent are:
Northwest Registered Agent LLC	
Nam	10: 02 F1 0RID
7901 4th St N STE 300	
Florida street address (P.C	D. Box <u>NOT</u> acceptable)
St. Petersburg	FL 33702
City	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
AMBR	Alexa Freiler
	7901 4th St N STE 300
	St. Petersburg FL 33702
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<u>. </u>	S S
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Use attachment if necessary)	
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(Use attachment if necessary) LE V: Other provisions, if any.	
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L E V : Other provisions, if any.	
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REQUIRED SIGNATURE:	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance	e with section 605.0203 (1) (b). Florida Statutes, I am awa
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance	
Signature of a member of This document is executed in accordance any false information submitted in a doct as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b). Florida Statutes, I am awa
Signature of a member of This document is executed in accordance any false information submitted in a document of the submit	e with section 605.0203 (1) (b). Florida Statutes, I am awa

\$ 5.00 Certificate of Status (Optional)

\$ 30.00 Certified Copy (Optional)

NAME RESOLUTION

I, Alexa Freiler, last member and authorized person of By Alexa Rae LLC, acting on behalf of the company, authorize Morgan Noble of Northwest Registered Agent, LLC. to file the name By Alexa Rae LLC, a Limited Liability Company for use in the State of Florida.
Dated this _15th day ofSeptember, 2022

Alexa Freiler

Alexa Freiler, Authorized Member

